

INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD,
OXFORD

Flintshire County Council



REPORT

BY THE

MEDICAL OFFICER

ON THE

HEALTH

OF

FLINTSHIRE

DURING THE YEAR

1949.

FLINTSHIRE COUNTY COUNCIL.

County Health Offices,
MOLD.

To the Chairman and Members
of the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you my Report on the health of the County of Flint during the year 1949—the first full year during which the far reaching legislation comprised of the National Health Service Act, 1946, the National Assistance Act, 1948, and the Children Act, 1948, have been in operation.

During the year, it has become possible to obtain a better conception of the impact of that legislation upon the Health Services of the County, and it has become increasingly obvious that if the National Health Service Act is to be made to work smoothly and efficiently, certain gaps which exist at present must be bridged, in some way or other.

Unfortunately, the Act divides the Health Services into three almost watertight compartments—the Hospital and Specialist Services provided by the Regional Hospital Board and its Hospital Management Committees, the General Practitioner Services provided by the Executive Council, and the Local Health Authority Services. The Local Health Authority must, by statute, submit copies of its proposals for carrying out its duties to both the Regional Hospital Board and the Executive Council, and both these bodies have power to make representations to the Minister of Health on the proposals. These bodies, however, are under no obligation to supply any information to the Local Health Authority on the way in which they propose to carry out their statutory duties. It is only by the closest co-operation between the three bodies concerned that the aims of the National Health Service Act can be achieved.

As regards the National Assistance Act, it is only now becoming evident that a very considerable gap has been caused by the demise of that much maligned official—the Relieving Officer.

I wish to acknowledge with much gratitude the great assistance which I have received from you, Mr. Chairman, from all Members of the County Council and of the Health Committee, from your Administrative Officers, from the County District Councils and their Officers, and last but not least from a very loyal Departmental Staff.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A. E. ROBERTS,

County Medical Officer.

Section 1.

ADMINISTRATION.

A.—DEPARTMENTAL OFFICERS.

County Medical Officer :

Aneurin Evan Roberts, M.B., B.S. (London), D.P.H. (Liverpool).

Deputy County Medical Officer (also Senior Assistant in charge Maternity and Child Welfare) :

(Mrs.) A. E. Gwladys Rowlands, M.B., B.S., D.P.H. (Lond.), M.R.C.S., L.R.C.P.

Senior Assistant Medical Officer (in charge School Health Services) :

(Mrs.) Edna Pearse, M.B., Ch.B., C.P.H. (Liverpool).

Assistant Medical Officers (full-time) :

(Mrs.) Corris Venables, M.B., Ch.B., C.P.H. (Liverp.), D.Obst.R.C.O.G. (Since 24/3/49).

(Miss) Nest M. Jones, B.Sc., M.B., Ch.B. (Wales), D.Obst.R.C.O.G. (Since 25/4/49).

Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts :

T. W. Brindle, M.B., Ch.B. (Manch.), D.P.H. (Liverp.) (Whole-time to 28/2/49).

A Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H. (Since 1/4/49).

R. Rhydwen, M.B., B.S., D.P.H. (Since 1/3/49).

Early in the year, the re-organisation of the Medical Staff was completed, and following upon the satisfactory conclusion of discussions with the County District Councils, the services of the part-time Medical Officers of Health, formerly employed by those Authorities, were dispensed with. The County Districts were grouped into three areas:—

Western

Central

Eastern

and a whole-time Medical Officer of Health, who would also act as Assistant County Medical Officer, was appointed for each group.

Two female Assistant Medical Officers (Dr. Venables and Dr. Jones), both well qualified for Maternity and Child Welfare work, in that both hold the Diploma of the Royal College of Obstetricians and Gynaecologists, also took up duty in March and April.

The re-organised Services can truly be said to be working most satisfactorily, both in regard to the County Council and the County District Councils.

Senior Dental Officer :

Peter Lunt, L.D.S., R.C.S. (Eng.).

Assistant Dental Officers :

W. B. Glynn Jones, L.D.S.
 Leslie Hanson, L.D.S.

County Sanitary Inspector (also Food and Drugs Inspector) :

Elwyn Lewis, M.R.S.I., M.S.I.A.

County Nursing Officer :

Mrs. Frances M. Williams, S.R.N., S.C.M., H.V.Cert., R.San.Inst.Cert.

Superintendent Health Visitor/School Nurse (also Domestic Help Organiser) :

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert., Cert.M.S.R. (Since 1/8/49).

Health Visitors (acting jointly as Health Visitors and School Nurses : All State Registered Nurses and State Certified Midwives, and with Health Visitor's Certificate, or other qualification) :—

Miss M. Aynton, Miss F. S. Evans (left 22/4/49), Miss L. M. Eyes, Mrs. M. E. Hawkins, Miss Elizabeth Jones (temp.), Miss Ellen Jones, Miss A. Molloy, Mrs. A. E. Williams, S.R.N., S.R.F.N. (since 1/7/49), Mrs. M. M. Nield, Mrs. M. E. Pearse, Miss M. Prince, Miss M. E. Roberts (retired 20/11/49), Mrs. J. Thomas, Mrs. M. P. Thomas, Mrs. D. Thompson.

Tuberculosis Visitors :

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert., M.S.R. (to 1/8/49).

Miss Gwenneth Jones, S.R.N., S.C.M., H.V.Cert.

Miss E. R. Parry, S.R.N., Tb.Cert. (Since 2/8/49).

Domiciliary Midwives and Domiciliary General Nurses :

At the end of the year under report, the following Midwives and Nurses were employed full-time by the County Council :—

Acting as Midwives only	...	...	...	8
Acting as Midwives and General Nurses	...	...	...	26
Acting as General Nurses only	...	...	...	9

Total ... 43

Domestic Helpers (employed at the end of the year) :

Whole-time	...	...	...	...	4
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Part-time	...	...	...	...	38
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Total ... 42

Welfare Officers (also "duly authorised officers" for the purposes of the Lunacy and Mental Treatment Act) :

Buckley and District—W. H. Iball, Richmond House, Brunswick Road, Buckley (Tel. Buckley 388).

Holywell and District—W. Davies, Welfare Office, Holywell (Tel. Holywell 242).

Mold and District—T. Wesley Hughes, Welfare Office, Wrexham Street, Mold (Tel. Mold 111).

Rhyl and District—E. Williams, Welfare Office, Old Emmanuel School, Vale Road, Rhyl (Tel. Rhyl 799).

(Mr. Wesley Hughes is also “duly authorised officer” for the purposes of the Mental Deficiency Acts).

Chief Clerk :

William Davies, A.R.I.P.H.H.

Department Senior Clerks :

William Ithel Roberts (County Health).

Arthur Whitley (School Health).

B.—ASSOCIATED OFFICERS.

Clerk of the County Council :

W. Hugh Jones.

Secretary of the Education Committee :

B. Haydn Williams, B.Sc., Ph.D.

County Surveyor :

P. H. Maddicks, B.Sc., A.M.I.C.E.

Deputy County Architect :

W. Griffiths, L.R.I.B.A.

County Treasurer :

R. J. Jones.

Ophthalmic Consultants (Certification of Blind Persons) :

E. F. Wilson, Esq., Chester.

A. C. Shuttleworth, Esq., Chester and Colwyn Bay.

Administrative Officer (National Assistance) :

Isaac Hughes.

Children's Officer :

Mrs. L. Davies, B.A.

**Health Officers of the Several Sanitary Districts.
(As on 31st December, 1949).**

District.	Medical Officer.	Senior Sanitary Inspector.
Buckley Urban	Dr. Allan Cathcart	Mr. A. G. Watkin, U.D.C. Offices, Buckley.
Connah's Quay Urban	Dr. Allan Cathcart	Mr. W. A. Barker, U.D.C. Offices, Connah's Quay.
Flint Municipal Borough	Dr. T. W. Brindle	Mr. W. J. Avery, Town Hall, Flint.
Holywell Urban	Dr. T. W. Brindle	Mr. J. Topham, U.D.C. Offices, Holywell.
Mold Urban	Dr. T. W. Brindle	Mr. George Horn, U.D.C. Offices, Mold.
Prestatyn Urban	Dr. Ranyl Rhydwen	Mr. I. W. Jones, U.D.C. Offices, Prestatyn.
Rhyl Urban	Dr. Ranyl Rhydwen	Mr. E. L. Ll. Jones, U.D.C. Offices, Hawarden.
Hawarden Rural	Dr. Allan Cathcart	Mr. M. Emlyn Thomas, R.D.C. Offices, Hawarden.
Holywell Rural	Dr. T. W. Brindle	Mr. D. O. Meredith Jones, R.D.C. Offices, Holywell.
Overton Rural	Dr. Allan Cathcart	Mr. R. L. Higgins, Willow Street, Overton.
St. Asaph Rural	Dr. Ranyl Rhydwen	Mr. R. P. Barlow, R.D.C. Offices, St. Asaph.

Section A.

STATISTICS AND SOCIAL CONDITIONS OF
THE COUNTY.

1. AREA.

The area of the County is 255.7 square miles, or 163,707 statutory acres, that of its separate geographical divisions being respectively: Main Division, 133,308; the Maelor Hundred, 29,749; the Civil Parish of Marford and Hoseley, 650 acres.

2. POPULATION.

The civilian population of the County, estimated as at mid-year, 1949, was 140,300, which is an increase of 2,000 on the previous year's figures.

It is of interest to note the increase of the population in the County and in the County Districts in the Census Years 1901, 1911, 1921, 1931, before the boundaries of the County Districts were adjusted on April 1st, 1934, as shown in Table 1 (a), and to compare them with the increases in the years 1935 to 1949 as shown in Table 1 (b).

Table 1 (a).
AREA, POPULATION, ETC.

District.	Area in		Population (By Census).			
	Statutory	Acres.	1901.	1911.	1921.	1931.
Urban—						
Buckley	...	2034	5780	6333	6726	6899
Connah's Quay	...	4214	3396	4596	5060	5980
Flint (Mun. Boro.)	...	3435	4625	5472	6298	7655
Holywell	...	917	2652	2549	3073	3424
Mold	...	854	4263	4873	4659	5137
Prestatyn	...	1640	1261	2036	4415	4512
Rhyl	...	1700	8473	9005	3968	13485
Rural—						
Hawarden	...	31588	15821	20571	24036	26575
Holywell	...	64519	23999	25328	25933	26709
Overton	...	29749	5057	5176	5102	4761
St. Asaph	...	23057	6158	6766	7347	7752
Total Urban	...	14794	30450	34864	44199	47092
Total Rural	...	148913	51035	57841	62418	65797
Whole County	...	163707	81485	92705	106617	112889

Table 1 (b).

District.		Area in	Population (estimated).				
		Statutory	1935.	1939.	1944.	1947.	1949.
Acres.							
Urban—							
Buckley	...	2646	7056	7345	6895	7470	7622
Connah's Quay	...	4214	5950	6505	6420	7102	7455
Flint M.B.	...	6243	12000	13020	11750	13554	14160
Holywell	...	2532	5539	6918	7286	7931	7870
Mold	...	1164	5495	5880	5700	6202	6354
Prestatyn	...	3219	6100	7422	8089	8171	8659
Rhyl	...	1700	14760	16510	18370	18400	18710
Rural—							
Hawarden	...	31588	27010	28750	29760	31920	32450*
Holywell	...	64519	20380	20730	20920	21410	21920
Overtown	...	29749	4492	4356	4599	4857	6720
St. Asaph	...	23057	7218	7494	7471	7463	8380*
Total Urban	...	14794	56900	63600	64510	68830	70830
Total Rural	...	148913	59100	61330	62750	65650	69470
Total County	...	163707	116000	124930	127260	134480	140300*

*NOTE—The estimated total population (i.e., civilian and non-civilian) is given as follows in respect of the undermentioned County Districts :—

Hawarden Rural—34,400.

St. Asaph Rural—10,370.

The estimated total (civilian and non-civilian) population for the County is therefore 144,240.

It will be seen from the above Tables that the population of the County has increased by 48,815 in 48 years, and it is particularly worthy of note that the increased population of the "urban districts" has not been brought about by any flight from the rural districts. In fact the "rural" districts have continued to show a steady increase in population.

3. FINANCIAL.

The product of a penny rate, computed for the County in respect of the year 1949-50, was £3,065.

4. SOCIAL CONDITIONS.

These are discussed elsewhere in this Report.

5. BIRTHS.

During the year under review, 2,494 births were registered as pertaining to the County, that total being made up as follows :—

			Live Births.		Still Births.		Total.
Legitimate	...	...	2293	...	58	...	2351
Illegitimate	...	...	138	...	5	...	143
			2431		63		2494

Compared with the previous year, 1948, these figures show a decrease of 207 live births, and 19 still births, a total decrease of 226 births.

The Live birth rate per 1000 population in 1949 was 17.33, which is better than the rate for England and Wales, namely 16.7.

The Still birth rate per 1000 population was 0.45, which is worse than the rate for England and Wales as a whole, namely 0.39.

Illegitimate Births—The proportion of illegitimate births, which had risen very considerably during the War years, has since decreased. In 1947, the proportion per 1000 total birth was 69.3 in 1948, it had fallen to 53.3, but in 1949 had again risen slightly to 57.3.

Births in the various County Districts—Table 2 (a) shows the births Live and Still, Legitimate and Illegitimate; whilst Table 2 (b) shows the birth rates in the County Districts.

Table 2 (a).

BIRTHS, FLINTSHIRE, 1949.

District.	LIVE.			STILL.			TOTAL.		
	Legit.	Illeg.	Total.	Legit.	Illeg.	Total.	Legit.	Illeg.	Total.
Urban—									
Buckley	132	5	137	4	—	4	136	5	141
Connah's Quay	152	2	154	4	1	5	156	3	159
Flint (Mun. Boro.)	258	12	270	9	—	9	267	12	279
Holywell	135	7	142	6	—	6	141	7	148
Mold	126	6	132	2	—	2	128	6	134
Prestatyn	103	12	115	1	2	3	104	14	118
Rhyl	252	32	284	6	1	7	258	33	291
Rural—									
Hawarden	563	23	586	12	—	12	575	23	598
Holywell	316	20	336	8	1	9	324	21	345
Overton	123	11	134	3	—	3	126	11	137
St. Asaph	133	8	141	3	—	3	136	8	144
Total—									
URBAN	1158	76	1234	32	4	36	1190	80	1270
RURAL	1135	62	1197	26	1	27	1161	63	1224
COUNTY	2293	138	2431	58	5	63	2351	143	2494

Table 2 (b).
FLINTSHIRE, BIRTHS AND BIRTH RATES, 1949.
(Live Births, Still Births and Total Births).

District.	Number of Births.			Rate per 1000 Population.			Stillbirth Rate.	
	Live.	Still.	Total.	Live.	Still.	Total.	Per 1000 Live Births.	Per 1000 Total Births.
Urban—								
Buckley	137	4	141	17.97	0.52	18.49	29.20	28.37
Connah's Quay	154	5	159	20.66	0.67	21.33	32.47	31.45
Flint (Mun. Boro.)	270	9	279	19.07	0.64	19.71	33.33	32.26
Holywell	142	6	148	18.04	0.76	18.80	42.25	40.54
Mold	132	2	134	20.77	0.31	21.08	15.15	14.93
Prestatyn	115	3	118	13.28	0.35	13.63	26.09	25.42
Rhyl	284	7	291	15.18	0.37	15.55	24.65	24.05
Rural—								
Hawarden	586	12	598	18.06	0.37	18.43	20.48	20.07
Holywell	336	9	345	15.33	0.41	15.74	26.79	26.09
Overton	134	3	137	19.94	0.45	20.39	22.39	21.90
St. Asaph	141	3	144	16.82	0.36	17.18	21.28	20.83
Total—								
URBAN	1234	36	1270	17.42	0.51	17.93	29.17	28.35
RURAL	1197	27	1224	17.23	0.39	17.62	22.55	22.06
COUNTY	2431	63	2494	17.33	0.45	17.78	25.91	25.26

Premature Births—All babies weighing $5\frac{1}{2}$ lbs. or less at birth are classified as "premature" irrespective of the period of gestation. Still births are **not** included. During the year, 171 births were classified as premature. Of these births, 51 took place **at home**, 16 in **private** Nursing Homes, and 104 in Hospitals and Maternity Homes in the National Health Service. The following Table shows (a) the weight at births, (b) the period of survival of those born at home and in private Nursing Homes.

Table 3.
PREMATURE BIRTHS.

Place of Birth.	Weight at Birth.	Transferred to Hospital.	Nursed at Home.				Grand Total.
			Died in first 24 hours.	Died 2nd to 7th day.	Died 8th to 28th day.	Survived 28 days.	
Born at Home	... Under 3 lbs.	3	2	...	...	—	5
	3-4 lbs.	1	—	—	—	—	1
	4-5½ lbs.	4	1	—	—	40	45
	Total	8	3	—	—	40	51
Private Nursing Home	... Under 3 lbs.	—	—	—	—	—	—
	3-4 lbs.	—	—	—	—	—	—
	4-5½ lbs.	—	1	—	—	15	16
	Total	—	1	—	—	15	16

6. DEATHS.

During the year under review, a total of 1747 deaths were ascribed to the County representing a death-rate per 1,000 population of 12.45, which is above the rate for England and Wales as a whole, namely 11.7.

The various causes of death are set out in Table 4, and it will be seen that Heart Diseases are responsible for more than 29 % of the total deaths. Other diseases responsible for a high percentage of deaths are Cancer—Malignant Disease (16.26 %), and Intra-cranial Vascular Lesions (12.42 %). Respiratory Tuberculosis comes fifth in order of incidence in the causes of death, the number of deaths according to statistics supplied by the Registrar-General being 94. This figure, however, needs correction, as 42 of those deaths (35 males and 7 females) occurred in the Overton Rural District. Only 2 of these could be ascribed to inhabitants of the County of Flint, the remaining 40 being deaths of Poles in the Polish Hospitals in that area—Poles who apparently had been **patients** at the Hospitals from the time they arrived in this country. The matter has been taken up with the Registrar General for correction and the total deaths from Respiratory Tuberculosis should read 54 and the total deaths from all causes as 1,707.

Table 4.

DEATHS—GENERAL.

Summary of Causes.

				1949.				Percentage of Total Deaths.
Cause of Death.				Males.	Females.	Total.		
Heart Diseases	...	...	238	...	275	...	513	29.36
Cancer—Malignant Disease	...	...	139	...	145	...	284	16.26
Intra-cranial vascular lesions	...	...	88	...	129	...	217	12.42
All other causes	...	...	81	...	55	...	136	7.78
Tuberculosis of respiratory system	...	...	68	...	26	...	94*	5.38
Other diseases of the circulatory system	...	...	38	..	36	...	74	4.24
Bronchitis	...	...	41	...	28	...	69	3.95
Pneumonia	...	...	32	...	26	...	58	3.32
Other violent causes	...	...	21	...	15	...	36	2.06
Nephritis	...	...	21	...	14	...	35	2.00
Cong. Malf'n, Birth Injuries, etc.	...	...	22	...	9	...	31	1.77
Other digestive diseases	...	...	16	...	14	...	30	1.72
Other respiratory diseases	...	...	20	...	8	...	28	1.60
Influenza	...	...	14	...	12	...	26	1.49
Premature birth	...	...	9	...	12	...	21	1.20
Ulcer of stomach or duodenum	...	...	16	...	2	...	18	1.03
Road traffic accidents	...	...	15	...	—	...	15	.86
Diabetes	...	...	5	...	12	...	17	.97
Appendicitis	...	...	7	...	3	...	10	.57
Suicide	...	...	4	...	5	...	9	.52
Tuberculosis—other forms	...	...	8	...	1	...	9	.52
Syphilitic diseases	...	...	4	...	1	...	5	.29
Diarrhoea (under two years)	...	...	3	...	1	...	4	.23
Encephalitis—acute Inf	...	...	1	...	2	...	3	.17
Whooping-cough	...	...	2	...	—	...	2	.11
Cerebro-spinal fever	...	...	1	...	—	...	1	.06
Diphtheria	...	...	—	...	1	...	1	.06
Puerperal and post abortive sepsis	...	...	—	...	1	...	1	.06
Totals	...	...	914	...	833	...	1747*	—

* See Notes on Page 115.

The following table shows the ages at which death occurred in these principal causes of death, and that Tuberculosis continues to take its highest toll in the 15-45 year group :—

Cause.	No. of		Ages.				
	Deaths.		Under 15.	15-45.	45-65.	65+.	
Heart Disease	513	...	—	14	101	...	398
Cancer	284	...	1	17	96	...	170
Intra-cranial vasc. les.	217	...	—	3	40	...	174
Tuberculosis (all forms)	103	...	3	57	36	...	7

INFECTIOUS DISEASE—Seven deaths from infectious disease occurred during the year. Cerebro-spinal Fever, 1; Whooping-cough, 2; Diphtheria, 1; and Acute Infectious Encephalitis, 3.

INFANT DEATHS—During the year 84 infants died before attaining the age of twelve months, and of these, 77 were legitimate and 7 illegitimate, while 54 were males and 30 females.

The Infant Mortality Rate is therefore 34.55 per 1,000 live births which is higher than the rate for England and Wales as a whole, namely, 32. It is greatly to be regretted that the Infant Mortality rate of 34.55 shows an increase of more than 3 per 1,000 over the rate for the previous year 1948 (31.46), which was appreciably lower than the rate for England and Wales as a whole (34). In the year 1911, the rate was 108 per 1,000 live births. By 1938 it had been reduced to 55.06, and in the succeeding years there has been a further considerable reduction. The causes of the increase in 1949 must be diligently sought. According to the returns of the Registrar-General the principle causes of infant deaths were :—

Congenital Malformation and Birth Injuries	...	27
Premature Birth	...	21
Pneumonia	...	14

It will thus be seen that Congenital Malformation, Birth Injuries and Prematurity account for more than 50 % of Infant deaths. Table 5 (a) shows the number of infant deaths in the various County Districts, distinguishing between males and females, and between legitimate and illegitimate births.

Table 5 (b) shows the Infant Mortality Rates for the various County Districts, distinguishing between males and females and between legitimate and illegitimate.

It will be noted that the Urban District of Buckley is to be congratulated on the fact that there was no infant death during the year.

Table 5 (a).

INFANTILE DEATHS—1949.

Legit and									
Infants									

Table 5 (b).

INFANT MORTALITY—1949.

Children aged under 12 months.

(Rate per 1,000 (total) live births).

District.	MALES.			FEMALES.			Total Mortality Rate.
	Legit.	Illegit.		Legit.	Illegit.		
Urban—							
Buckley	...	—	...	—	...	...	—
Connah's Quay	...	6.49	...	19.48	...	...	25.97
Flint (M.B.)	...	25.93	...	11.11	...	3.70	44.44
Holywell	...	28.17	...	21.13	...	...	49.30
Mold	...	30.30	...	7.57	...	...	37.87
Prestatyn	...	34.78	...	26.09	...	...	69.56
Rhyl	...	24.65	...	10.56	...	...	38.73
Rural—							
Hawarden	...	20.47	...	10.24	...	...	30.71
Holywell	...	17.86	...	14.88	...	5.95	38.69
Overton	...	14.92	...	—	...	...	22.38
St. Asaph	...	21.28	...	—	...	...	21.28
Total Urban	...	21.88	...	12.97	...	.81	38.09
Total Rural	...	19.21	...	9.19	...	1.67	30.91
Whole County	...	20.56	...	11.11	...	1.23	34.55

MATERNAL MORTALITY—There was ONE death from Puerperal Sepsis during the year.

DEATHS IN THE VARIOUS COUNTY DISTRICTS—Table 6 shows the number of deaths of males and females in the County Districts, and the crude Mortality Rate for those Districts.

Table 6.

DEATHS IN THE SEVERAL DISTRICTS.

(All ages—all causes).

District.	Males.		Females.		Total.		Rate per per 1000 Population.
Urban—							
Buckley	...	46	...	30	...	76	9.97
Connah's Quay	...	32	...	30	...	62	8.32
Flint (M.B.)	...	66	...	74	...	140	9.89
Holywell	...	47	...	45	...	92	11.69
Mold	...	44	...	41	...	85	13.38
Prestatyn	...	74	...	91	...	165	19.05
Rhyl	...	124	...	151	...	275	14.70
Rural—							
Hawarden	...	195	...	136	...	331	10.20
Holywell	...	133	...	147	...	280	12.77
Overton	...	101	...	33	...	134	19.94
St. Asaph	...	52	...	55	...	107	12.77
Total Urban	...	433		462		895	12.64
Total Rural	...	481		371		852	12.26
Whole County	...	914		833		1,747	12.45

The following information is extracted from the statistics supplied by the Registrar General:—

Urban Districts.

	Males.		Females.		Total.
Deaths in age group 45-64	...	122	...	88	210
Deaths in age group 65 and over	...	241	...	324	565
					775

Rural Districts.

	Males.		Females.		Total.
Deaths in age group 45-64	...	126	...	63	189
Deaths in age group 65 and over	...	259	...	267	526
					715

It will be noted that in Table 6 the crude Mortality Rate is higher in the Prestatyn Urban District, and the Overton Rural District, than in the other County Districts.

The Medical Officer of Health of the Prestatyn Urban Council states in his Annual Report for the year 1949 :—

“The outstanding feature is that 47 deaths were those of people over 70 and under 80 years of age. 33 over 80 and under 90 years of age, and 6 over 90 years of age.”

In other words 86 out of the total deaths, or more than 50 %, were of persons who had exceeded the allotted span of “three score years and ten.”

The Medical Officer of Health of the Overton Rural District has carefully investigated the deaths in that area and has analysed the death certificates as supplied by the Registrar. He finds that out of the total of 134 deaths in that area, 74 were deaths of Poles in the Polish Hospitals which could not properly be allocated to the Overton Rural District or any other part of the County of Flint. This matter has been taken up with the Registrar General.

Section B.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

1. HOSPITAL AND SPECIALIST SERVICES.

The provision of these Services does not come within the purview of the Local Health Authority, but reference must be made to the great difficulty which is being experienced in obtaining hospital bed accommodation for elderly patients who are likely to become “long-stay” cases.

The Health Department receives requests from General Medical Practitioners for assistance in obtaining beds in hospital for incontinents, senile demented, inoperable cases of malignant disease, etc., and unfortunately little assistance can be given. The problem is not merely a local one, but is nation-wide, and cannot be solved until more physicians are qualified in “geriatrics,” more staff with a knowledge of nursing, and more beds are available. In some areas, efforts are being made to solve the problem by the establishment of “half-way houses”—something between a hospital and a home for the elderly—but the difficulty arises as to whether it is the responsibility of the Regional Hospital Board or of the Local Health Authority to provide such establishments.

2. LABORATORY SERVICES.

The Public Health Laboratory at Conway has continued to provide most excellent services during the year.

The long-felt need for the provision of a Pathological Laboratory in the County is receiving the consideration of the Regional Hospital Board and it is hoped that it will eventually materialise.

3. HEALTH CENTRES.

Under Section 21 of the National Health Service Act, 1946, these fall to be provided, maintained, equipped and staffed by the Local Health Authority. They can only be provided after consultation with the Executive Council, and the General Medical and Dental Practitioners. For various reasons, their provision remains a thing of the distant future.

Health Centres are intended to provide facilities for:—

- (a) Specialist and other out-patient Services.
- (b) General Medical Services.
- (c) General Dental Services.
- (d) Pharmaceutical Services.
- (e) Local Health Authority Services.

and must not be confused with the Ante-Natal, Child Welfare and other Centres, which are at present provided by the Local Health Authority.

4. CARE OF MOTHERS AND YOUNG CHILDREN.

ANTE-NATAL CLINICS—Eleven Clinics operated throughout the year, at Bagillt, Buckley, Caergwrle, Flint, Holywell, Mold, Prestatyn, Rhyl, Saltney, Shotton and St. Asaph. These Clinics are staffed by the Assistant County Medical Officers and Health Visitors. All Midwives and District Nurse/Midwives are encouraged to attend the Clinics with their patients.

Owing to the fact that under the National Health Service Act, 1946, Maternity Services, which included ante-natal supervision, attendance at confinement and post-natal examination, were obtainable from general medical practitioners free of charge, it was anticipated that there would be a decrease in the number of expectant mothers attending the Authority's Clinics. Taking the County as a whole, that surmise has proved to be correct, but, in spite of the reduction in the total births during the year, the number of expectant mothers attending the Clinics at Bagillt, Holywell and Mold has increased, and the numbers attending at Flint and Rhyl have remained substantially the same.

The following table shows the number of patients and their attendances at the various Clinics:—

Table 7.

ANTE-NATAL ATTENDANCES OF WOMEN AT CENTRES.

Centre.				Patients dealt with.				Aggregate	
	No. of Sessions.			Old* Cases.	New Cases.	Total Cases.		Attend-ances.	
Bagillt	...	22	...	2	...	41	...	43	... 132
Buckley	...	22	...	2	...	17	...	19	... 36
Caergwrle	...	22	...	5	...	26	...	31	... 86
Flint	...	22	...	24	...	91	...	115	... 263
Holywell	...	22	...	14	...	120	...	134	... 438
Mold	...	22	...	18	...	111	...	129	... 452
Prestatyn	...	21	...	10	...	49	...	59	... 236
Rhyl	...	21	...	16	...	83	...	99	... 418
Saltney	...	22	...	4	...	15	...	19	... 48
Shotton	..	22	...	21	...	123	...	144	... 448
St. Asaph	...	21	...	1	...	4	...	5	... 10
Totals	...	239		117		680		797	2567

* Patients whose names were on the books at the beginning of the year.

POST-NATAL CLINICS—Post-natal examination facilities were available at 10 Centres in the County, and there has been a substantial fall in the attendances at these Clinics, taking the County as a whole. 35 mothers only attended (approximately 50 % of the number for the previous year), and yet at Mold, Prestatyn and Rhyl the numbers were equal to, if not better than in, 1948.

INFANT WELFARE CENTRES—The Infant Welfare Centres at Rhyl, Prestatyn, Mostyn, Holywell, Bagillt, Flint, Shotton, Saltney, Broughton, Buckley, Mold, Caergwrle, Leeswood and St. Asaph continued to operate throughout the year, and two additional Centres were established at Bodelwyddan and at Penley.

The Centre at Bodelwyddan was opened on August 18th and is actually sited within Kimmell Camp, a room there having been kindly placed at the Authority's disposal by the Officer Commanding. It provides facilities for children in Married Quarters at the Camp as well as for the children of Bodelwyddan.

The Centre at Penley provides facilities for the whole of the Hundred of Maelor, a bus being engaged to convey mothers and children from the various districts.

Table 8 gives statistics of the number of children who attended the various centres, and also the attendances made. It was anticipated that, for reasons mentioned in my previous Annual Report, there would be a falling off in the number of children attending the Centres. There has been a slight falling off at some Centres, but this has been more than counter-balanced by an increase at other Centres. In 1948, the number of children attending the Centres was 3,286, and in 1949 the number attending the same Centres was 3,341—an increase of 55. In addition 118 children attended the new Centres at Bodelwyddan and Penley, making a total increase of 173.

Table 8.

INFANT WELFARE CENTRES.

Summary of Attendances, etc.

Description	Bagillt	Broughton	Bodel- wyddan *	Penley †	Buckley	Caergwle	Flint	Holywell	Leeswood	Mold	Mostyn	Prestatyn	Rhyl	Saltney	St. Asaph	Shotton
Number of Sessions held, i.e., number of times Centre opened during the year	49	48	9	3	48	49	48	49	36	48	22	48	49	50	49	49
Children who attended the Centre during the year for the first time and who, on the date of their first attendance, were—																
Aged under 1 year ..	62	29	11	41	147	119	117	133	52	298	39	121	252	96	82	276
Aged 1 to 5 years ..	18	14	34	32	8	1	27	16	4	181	6	7	35	19	61	9
Total	80	43	45	73	155	120	144	149	56	479	45	128	287	115	143	285
Children who attended the Centre during the year and who, at the end of the year, were—																
Aged under 1 year ..	43	29	9	38	115	101	117	149	44	163	30	121	262	96	38	241
Aged 1 to 5 years ..	73	101	36	35	81	210	100	99	40	316	54	116	265	122	92	224
Total	116	130	45	73	196	311	217	247	84	479	84	237	527	218	130	465
Attendances made at the Centre during the year by children—																
Aged under 1 year ..	345	674	64	60	1434	254	934	1645	570	2887	384	1449	4040	1407	671	3458
Aged 1 to 5 years ..	64	693	89	38	166	1162	400	245	20	727	76	330	746	660	209	117
Total	409	1367	153	98	1600	1416	1334	1888	590	3614	460	1779	4786	2067	880	3575

* Opened on 18/8/49.

† Opened on 17/11/49.

SUPPLY OF MATERNITY OUTFITS—In accordance with a Memorandum of the Ministry of Health, all expectant mothers who decide to have their confinement at home are supplied, upon request, with a Maternity Outfit free of charge. These outfits contain certain sterilised dressings which are necessary for the confinement and are supplied through the Ante-natal Clinics and the Authority's midwives. The number of such outfits issued during the year was 253.

5. DENTAL.

The Dental Staff of the Authority had been reduced to three at the beginning of the year, and was further reduced from October to the end of the year by the illness of Senior Dental Officer Mr. P. Lunt. Frequent advertisements for Dental Officers have failed to elicit a single response, and the shortage of staff has made it impossible to carry out the statutory duty of providing dental inspection and treatment of expectant and nursing mothers and of children under compulsory school age. It has only been possible to refer such cases to general dental practitioners in the hope that they would be afforded priority treatment.

6. THE UNMARRIED MOTHER AND HER CHILD.

Negotiations for the acquisition of premises in which to establish, jointly with the other North Wales Authorities, a "mother and baby home," were still proceeding at the end of the year. Consequently, such cases have continued to be accommodated in Voluntary Homes in England, arrangements being made usually through the Officers of the St. Asaph Diocesan Moral Welfare Association, whose assistance is most gratefully acknowledged.

7. NOTIFICATION OF BIRTHS.

Under the provisions of the Notification of Births Act, 2,481 births were notified to the Authority during the year. This total was made up of 2,429 live births and 52 still births.

Reference to the number of births on page 10 of this Report shows that only 2 births and 11 stillbirths were not notified to this Authority.

8. CHILD LIFE PROTECTION.

Health Visitors continued to supervise foster children during the year and 505 supervisory visits were paid.

9. MIDWIFERY.

Section 23, National Health Service Act, 1946. *a*

(a) **DUTY AS LOCAL SUPERVISORY AUTHORITY**—Table *8* (a) gives statistics as to the number of midwives practicing in the area of the Authority, and Table *8* (b) shows the number of supervisory visits paid to those visits during the year by the non-medical Inspector of Midwives. 263 notifications of various kinds were received from Midwives of which 192 were in respect of calling in medical aid. It was not found necessary to suspend any Midwife from practice during the year.

Table 9 (a).

MIDWIVES IN PRACTICE ON DECEMBER 31st, 1949.

Employment.			S.R.N. and S.C.M.		S.C.M. only.		Total.
In National Health Service Hospital and Maternity Homes	...	...	23	...	4	...	27
In Private Nursing Homes	...	...	2	...	3	...	5
County Domiciliary Midwives	...	...	12	...	23	...	35
Private Domiciliary Midwives	...	...	5	...	8	...	13
Totals	...		42		38		80

Table 9 (b).

SUPERVISION OF MIDWIVES.

Employment.			Number of Inspections.			
			Routine.		Special.	Total.
National Health Service Hospitals and Maternity Homes	...	...	11	...	17	28
Private Nursing Homes	...	...	81	...	16	97
County Domiciliary Midwives	...	...	178	...	293	471
Private Domiciliary Midwives	...	...	46	...	159	205
Totals	...		316*		485	801

* The Midwife was inspected while actually at work in 189 of these inspections.

Among the reasons for Special Inspections were :—

Maternal death investigations 3, Infant death investigations 2, Puerperal Pyrexia 16, Ophthalmia Neonatorum 4, Other emergencies 303.

(b) ADEQUACY OF NUMBER OF MIDWIVES TO MEET THE NEEDS OF THE AREA—At the end of the year under review, the total number of midwives in the area available for attendance on women, in their own homes, as midwives or as maternity nurses, was 48, and of these 35 were employed by the Local Health Authority and 13 were independent midwives in private practice. The following Table shows the number of cases attended by these midwives (a) as midwives, (b) as maternity nurses, and (c) the number of ante-natal and post-natal visits.

Table 10.

CASES ATTENDED BY MIDWIVES.

(a) As Midwife.

	Cases.	A.N. Visits.	P.N. Visits.	Total Visits.
County Domiciliary Midwives	... 458 ...	3141	4197	7338
Independent Midwives	... 75 ...	177	not available	—

(b) As Maternity Nurse.

	Cases.	A.N. Visits.	P.N. Visits.	Total Visits.
County Domiciliary Midwives	... 422 ...	3007	3292	6299
Independent Midwives	... 168 ...	99	not available	—

Totals (a + b).

	Total Cases.	Total Visits.
County Domiciliary Midwives	880	13637
Independent Midwives	243	—

GAS AND AIR ANALGESIA—By the end of the year under review, 31 of the Authority's Domiciliary Midwives were qualified to administer gas and air analgesia and had been supplied with the necessary apparatus. This is an increase of 22 on the number who were qualified at the end of the previous year, and the great assistance rendered in their training by the training schools at Chester, Birmingham, etc., is greatly appreciated.

THE IMPACT OF THE NATIONAL HEALTH SERVICE ACT, 1946, ON THE DOMICILIARY MIDWIFERY SERVICES—In the Annual Report for 1948, reference was made to the general uneasiness felt by Domiciliary Midwives throughout the County that their status was being lowered and that they were being superceded owing to (a) accommodation in maternity homes and hospitals under the control of Hospital Management Committees, and (b) domiciliary maternity services of general medical practitioners, being available free of charge under the National Health Service Act. Statistics were given showing the variation that had occurred in the work of the Domiciliary Midwives during 1948. The following Table (No. 11) amplifies the statistics then given, and adds those for 1949. It must clearly be understood that the figures given relate only to births attended by midwives who had notified their intention of practising in the County of Flint, and do not include births occurring outside the County (e.g., at the City Hospital, Chester, at Trevallyn Manor, Denbighshire, etc.).

Table 11.

Year.	1945.	1946.	1947.	1948.	1949.
Total Births	...	2315	...	2632	3574
	...	2315	...	2632	2494
Births attended by County Domiciliary Midwives :—					
As Midwife	...	668 = 28.85 %	...	829 = 31.5 %	...
As Maternity Nurse	...	242 = 10.45 %	...	266 = 10.1 %	...
	...	...	...	318 = 8.9 %	...
	...	...	...	786 = 28.9 %	...
	...	...	...	361 = 13.3 %	...
TOTAL	...	910 = 39.3 %	...	1305 = 36.5 %	...
	...	...	...	1147 = 42.2 %	...
	...	...	...	880 = 35.3 %	...
Births attended by Midwives in Hospital and Maternity Homes (other than Private Maternity Homes) :—					
As Midwife	...	502 = 21.7 %	...	564 = 21.4 %	...
As Maternity Nurses	...	156 = 6.7 %	...	113 = 4.3 %	...
	...	...	...	693 = 19.4 %	...
	...	...	...	146 = 4.1 %	...
	...	...	...	651 = 23.9 %	...
	...	...	...	212 = 7.8 %	...
TOTAL	...	658 = 28.4 %	...	839 = 23.5 %	...
	...	...	...	863 = 31.7 %	...
	...	...	...	1309 = 52.45 %	...
Births attended by Midwives in Private Practice and in Private Maternity Homes :—					
As Midwife	...	261 = 11.3 %	...	323 = 12.3 %	...
As Maternity Nurse	...	275 = 11.9 %	...	419 = 15.9 %	...
	...	...	...	226 = 6.3 %	...
	...	...	...	299 = 8.4 %	...
	...	...	...	138 = 5.1 %	...
	...	...	...	201 = 7.4 %	...
TOTAL	...	536 = 23.2 %	...	525 = 14.7 %	...
	...	...	...	339 = 12.5 %	...
	...	...	...	243 = 9.7 %	...

From this, it would appear that the trend is towards an increase in the number of confinements taking place in hospital and maternity homes provided by the Regional Hospital Board and a reduction in the number of domiciliary confinements. One reason for this is obvious—the parturient women in addition to receiving her maternity grant and attendance or maternity allowance, also receives expensive accommodation and maintenance free of charge.

The demands made upon maternity beds have become so great that priority of admission has had to be given to first pregnancies, cases of unsatisfactory home conditions, for certain medical reasons, etc.

Three questions consequently arise :—

- (1) What is the proper place for confinement to take place ?
- (2) What provision of maternity beds should be made in hospitals and maternity homes ?
- (3) What is the policy of the Regional Hospital Board with regard (2) above ?

Space does not permit of discussion of these questions in the Report, but they are questions of the utmost importance to the Local Health Authority, which has a statutory duty “to secure that the number of certified midwives available in its area is adequate for attendance on women in their homes as midwives or as maternity nurses during childbirth and from time to time thereafter during a period not less than the lying-in period.”

If the policy of the Regional Hospital Board is to provide sufficient maternity beds for over 80 % of the total births, the Local Health Authority can reduce the number of domiciliary midwives in its employ, but each one of this reduced number will have a much larger territory to cover.

The matter is one that calls for serious consultation with the Regional Hospital Board.

10. HEALTH VISITING.

(Section 24 (N.H.S. Act).

During the year, 15 fully qualified Nurses and 1 additional nurse who did not hold the Health Visitors Certificate, were employed by the Authority in the joint capacity as Health Visitors and School Nurses, as it is considered that such joint appointments provide continuity of supervision of the child by the same Nurse, from infancy to school leaving age, and avoid multiplicity of officers visiting the same household. Their duties as Health Visitor only cover a wide range, comprising advisory visits to expectant and nursing mothers, the supervision of children under school age, attendance at Maternity and Child Welfare Centres, advice as to the care of all persons suffering from illness, advice as to measures to prevent the spread of infection, child life protection, etc., etc., etc. Some indication of the extent of their work is shown by the following :—

Visits to expectant mothers	...	...	...	1133
Visits to children under 1 year of age	...	...	...	12279
Visits to children between 1 and 5 years	...	...	...	14949
Visits to Child Life Protection cases	...	...	...	505
Other Special Visits	...	...	...	141

In addition to the Health Visiting mentioned above, two Nurses, holding certificates in the nursing of the tuberculous, are employed whole-time as **Tuberculosis Visitors**. They attend the Chest Clinics, visit all cases of Tuberculosis as soon as notified and report on the home conditions. The Chest Physician and his Assistants have greatly appreciated the assistance and the valuable information given to them by these Tuberculosis Visitors, and their reports to the Health Department on housing conditions have been transmitted to the County District Councils. It is a great pleasure to report that as a result many tuberculous families have been rehoused and overcrowding, insanitary conditions, etc., have been ameliorated. What is of even greater importance is that their visits are fully appreciated by the patients themselves, as it is to these Tuberculosis Visitors that they turn for advice upon their many problems. During the year, in addition to attendance at the Chest Clinics, they paid 4037 visits to patients in their homes, and of these 185 were first visits to newly notified cases.

11. HOME NURSING.

Section 25 (N.H.S. Act).

During the year the Authority employed for the attendance upon persons who required nursing in their homes, 9 Nurses, whose duties were wholly confined to general nursing, and 27 Nurses whose duties included a certain amount of midwifery as well as general nursing. Their work can be summarised as follows:—

Number of cases nursed	...	...	...	3305
Number of visits paid	...	...	...	68848

The demands made upon this service are increasing very considerably owing to the great difficulty in obtaining hospital accommodation for elderly sick persons who are likely to become "long-stay" cases when once admitted to hospital. Another reason for the increased calls on this service is the number of injections of various kinds that are administered by the Nurse at the request of general medical practitioners.

These Nurses often work under great difficulties, especially as for some the only means of transport is a bicycle, and unlike midwives, they are not allowed "priority of delivery" of motor-cars.

SUPERVISION OF HOME NURSES—During the year, the County Nursing Superintendent, in addition to her inspections as Inspector of Midwives, made the following visits to Home Nurses :—

Routine Inspections	...	...	...	127
Special Visits	...	...	...	164
Other Emergency Visits	...	...	...	69
Non-emergency Visits	...	...	...	52
Interviews	...	...	...	39

12. VACCINATION AND IMMUNISATION.

(N.H.S. Act—Section 26).

(a) **VACCINATION**—Having ceased to be “compulsory” on the appointed day (July 5th, 1948) it is regrettable to report that the number of infants vaccinated has fallen very considerably.

In the first 6 months of 1948, the number of primary				
vaccinations was	...			595
In the second 6 months of 1948, the number of primary				
vaccinations was	...			213
Total primary vaccinations in 1948	...	...	...	808
In the whole of 1949, the total primary vaccinations were	...			345

In addition, 57 persons were re-vaccinated.

“Voluntary” vaccination, therefore, has not had the success which has attended “voluntary” immunisation against diphtheria, the chief reason being that the great majority of parents have never had visual proof of the effects of an attack of smallpox. The population at risk is becoming very great, and in these days of rapid air-transport, constant vigilance has to be exercised by the Port Health Authorities to prevent the importation of one case which might result in a wide-spread epidemic.

(b) **IMMUNISATION AGAINST DIPHTHERIA**—During the year, 1,874 children received primary immunisation, and 986 children received re-inforcing doses. Immunisation is carried out at Clinics by the Authority's Medical Officers, and also by general medical practitioners in their own surgeries. General medical practitioners are paid a fee of 5/- for each completed Record Card forwarded to the Health Department, such fee having been prescribed by the Minister of Health.

A similar amount is paid for each completed Record Card of Vaccination. Lymph for Vaccination and Anti-Diphtheria sera are supplied free of charge from Government Laboratories.

13. AMBULANCE SERVICES.

(N.H.S. Act, Section 27).

(a) AMBULANCES—The main portion of the County is covered by ambulances stationed at Rhyl, Prestatyn, Holywell, Flint, Queensferry and Mold. In addition, ambulances operated by the Chester City Council and the Denbighshire County Council are available when required. The Overton Rural District is covered by ambulances operated by the Denbighshire and Shropshire County Councils.

The statistics below show the demands made upon this Service during the year :—

Number of journeys	...	...	...	2831
Number of patients carried	...	...	...	3059
Mileage	...	...	...	78681

The various Divisions of the St. John's Ambulance Brigade in the County have given most valuable assistance in the service, by providing relief drivers, and ambulance attendants as required.

(b) SITTING-CASE CARS—This service is operated through the Hospital Car Service organised by the W.V.S., and through a large number of private-hire car proprietors scattered throughout the County.

The demands made upon this service are extremely heavy, as is shown by the following statistics :—

		Private			
		Hire Cars.	W.V.S.	Total.	
Number of journeys		8934	... 790	...	9724
Number of patients carried		10303	... 970	...	11273
Mileage		236766	... 31394	...	268160

The Sitting-Case Car Service is one which is open to abuse, in spite of the fact that transport is only provided on the production of a medical certificate stating that the patient is unable, **for medical reasons**, to travel by public transport. It is a pleasure to record that the great majority of general practitioners have co-operated whole-heartedly in an endeavour to keep the demands on this service within reasonable limits.

The statistics for both Ambulance and Sitting-Case Car Services are, however, bound to be even higher in 1950, as Section 24 of the National Health Service (Amendment) Act came into operation on December 16th, 1949, and it is now the duty of the Authority not only to convey patients to hospitals outside its area, but also to provide for the **return journey** if those patients have not been in hospital for a period exceeding three months. It will be noted that :—

The average ambulance journey was 27.8 miles.

The average sitting-case car journey was 27.6 miles.

This is due to the lack of a "key" hospital within the County, and consequently large numbers of patients have to be conveyed to hospitals in Liverpool, Chester and Wrexham.

14. PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

(National Health Service Act, Section 28).

This Section of the National Health Service Act gave the Authority permissive powers, with the approval of the Minister, to make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, and the after-care of such persons. No payment of money, however, could be made to such persons, except as remuneration for suitable work.

The Minister reserved the right to direct that these permissive powers should become statutory duties, and did so direct with regard to the care and after-care of persons suffering from tuberculosis.

Although the Authority had no powers to make "money payments" to persons in need, such power having been transferred to the Assistance Board, it could continue to supplement the allowances paid by the Assistance Board by making "grants in kind" in the form of additional nourishment, such as milk, ovaltine, etc. In addition the Authority could supply various articles such as beds, bedding, water-beds, bed pans, air-rings, etc., etc.—in fact all articles required for the nursing of cases of illness in their own homes. The Authority was also empowered to recover charges for the loan of these articles, according to the means of the patients. Domiciliary Nurses have small "loan cupboards" from which certain articles can be loaned in an emergency and the "Loan Depots" established by the St. John's Ambulance Brigade and the British Red Cross Society have given valuable assistance in this respect.

The responsibilities of the Authority under this Section are discharged through three Area Care and After-Care Sub-Committees of the Health Committee—those responsibilities being not only with regard to Tuberculosis, but all other forms of illness, physical and mental, including mental deficiency. In addition, these three Care and After-Care Committees are responsible for discharging the welfare duties of the County Council under Section 29 of the National Assistance Act (for the blind, the deaf, etc.), as the powers of the Council under this Act were delegated, with the approval of the Minister, to the Health Committee.

During the year under review 95 applicants suffering from Tuberculosis received assistance in kind.

Six garden shelters were provided for the use of patients living under overcrowded conditions, and many letters were written to the County District Councils supporting applications for better housing accommodation for tuberculous persons living under unsatisfactory conditions. It is a great pleasure to report that the response of the County District Councils has been most satisfactory.

15. DOMESTIC HELP.

(N.H.S. Act, Section 29).

This Section of the Act gave the Authority permissive powers for providing domestic help for households where such help was required owing to the presence of any person who was ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age.

Power was also given for the recovery of charges for such service.

On 1st August, 1949, Miss D. V. Gray, the Senior Tuberculosis Visitor, was appointed as Superintendent Health Visitor and Domestic Help Organiser; and immediately applied herself most energetically to her very difficult task with regard to the Domestic Help Service. By 31st December, the number of Domestic Helps available for duty was 42 (4 whole-time and 38 part-time). The number of cases in which Domestic Help was provided was 70 (Maternity 16, Tuberculosis 6, Other illnesses 48).

The following Table gives some indication of the work of the Domestic Help Organiser during the short period between her appointment and the end of the year :—

Interviews with prospective Domestic Helps	...	...	60
Investigation of new applications for services of Domestic Help	...	...	95
Visits to Domestic Helps during employment	...	...	326
Visits to Persons Helped	...	...	169
Other Interviews	...	...	80

The demands made upon this service, like those upon the Home Nursing Service, and for the same reason, are increasing very considerably. Unfortunately, relatives of elderly persons needing care and attention are tending to disclaim any responsibility for providing such care and attention and some have gone so far as to state that they see no reason why they should assist in any way unless they are paid for their services by the Authority. Were it not for the fact that the Authority has the power to recover charges for this service, the demands made upon it would soar to considerable heights, and it would be as open to abuse as other "free" services under the National Health Service Act.

16. DUTIES UNDER LUNACY AND MENTAL TREATMENT ACTS AND MENTAL DEFICIENCY ACTS.

(N.H.S. Act, Section 51).

The duties of the Local Health Authority under the above Acts are discharged through the three Area Sub-Committees of the Health Committee. Each Area Sub-Committee consists of 12 Members of the Health Committee, with one representative of each District Council in the Area, and a number of co-opted members who are specially interested in social welfare.

The County Medical Officer is responsible to the Health Committee for the administration of the Mental Health Services, and is assisted by:—

- (a) For the purposes of the Mental Deficiency Acts, the Deputy Medical Officer of Health (female), and one Assistant Medical Officer (male) and by one Welfare Officer (also a duly authorised officer for the purposes of the Lunacy and Mental Treatment Acts).
- (b) A Chief Administrative Officer and four duly authorised Officers for the purposes of the Lunacy and Mental Treatment Acts.

The work is closely co-ordinated with that of the Regional Hospital Board in that the services of the psychiatrists and psychiatric social workers from the North Wales Hospital for Mental and Nervous Disorders are always available. A team consisting of psychiatrist, psychologist, and psychiatric social workers conducts a Child Guidance Clinic at Rhyl on behalf of the Authority.

An adult Psychiatric Clinic is held weekly at the Royal Alexandra Hospital, Rhyl, by a Psychiatrist from the North Wales Mental Hospital.

The supervision of patients on licence from mental hospitals is undertaken by the staff of the hospital, while the supervision of mental defectives on licence is undertaken by the medical and the health visiting staff and the welfare officers of the County Council.

The following statistics show the number of persons dealt with under the above Acts during 1949:—

Table 12.

LUNACY AND MENTAL TREATMENT ACTS.

Certified Patients—55.

Temporary Patients—2.

In addition 162 persons were admitted to the Mental Hospital as "Voluntary Patients."

MENTAL DEFICIENCY ACTS.

A. Ascertainment.

			Males.		Females.		Total.
(1) Reported by Local Education Authority:—							
(a) Under Section 57 (3)	...	...	3	...	7	...	10
(b) Under Section 57 (5)	...	...	—	...	—	...	—
(2) Other cases	...	...	2	...	4	...	6
			5		11		16

Table 12 (continued).

	Males.		Females.		Total.	
B. Action taken.						
Admitted to Institutions (under order)	...	—	...	1	...	1
Placed under Guardianship (under order)	...	—	...	—	...	—
Taken to place of safety	...	—	...	—	...	—
Placed under statutory supervision	...	5	...	10	...	15
	5		11		16	

C. As on 31st December, 1949.

The number of defectives under guardianship ...	...	...	3
The number of defectives under statutory supervision ...	...	...	132

Of the 132 defectives under statutory supervision, 16 were awaiting admission to an institution for mental defectives at the end of the year.

The duties of supervising mental defectives in the community are discharged by the medical, health visiting and welfare staff, and members of the Area Committees also visit.

It will be noted that the number of defectives under guardianship orders has been considerably reduced. Many of these cases had been placed under guardianship in order to afford some financial assistance to the relatives. As the National Assistance Board was prepared to assume financial responsibility for cases where supervision was considered adequate, recommendations were made to the Board of Control that the guardianship orders should be discharged.

The problem of securing vacancies in Institutions for Mental Defectives has become acute, and the provision of additional accommodation is receiving the attention of the Regional Hospital Board. All applications for admission to institutions have to be submitted to the Regional Psychiatrist, who decides priority of admission.

No "Occupation Centres" have been established in the area of the Authority.

Section C.

1. INFECTIOUS AND OTHER COMMUNICABLE DISEASES.

Prior to the appointed day under the National Health Service Act, 1946, the control of the spread of infectious disease was a duty devolving chiefly upon the County District Councils, whose Medical Officers of Health forwarded weekly to the County Medical Officer a numerical report of the cases notified in each district. The National Health Service Act also conferred powers upon the County Council in this respect and it became the duty of the Medical Officer of Health of the County District Council to forward to the County Medical Officer, within 12 hours, a copy of each notification of notifiable disease received by him. The period of 12 hours was amended by the National Health Service (Amendment) Act, 1949, to read "if possible within 12 hours, but in any case within 48 hours."

Where copies of notifications are forwarded and fees for the notifications have been paid by the County District Councils, such Councils can claim reimbursement of the fees from the County Council as the Local Health Authority. By this means, greater co-ordination was achieved in the preventive work and there is greater scope for the study of the epidemiology of diseases.

There was no large-scale outbreak of infectious disease in the County, and the number of notifications received from Medical Officers of Health of County District Councils during the year were as follows :—

Cerebro-Spinal Fever	...	...	...	4
Diphtheria	...	...	...	8
Dysentery	...	...	...	1
Enteric Fever (Typhoid)	...	...	...	—
Erysipelas	...	...	...	18
Food Poisoning	...	...	...	15
Measles	...	...	...	484
Ophthalmia Neonatorum	...	...	...	2
Paratyphoid	...	...	...	1
Poliomyelitis	...	...	...	12
Pneumonia	...	...	...	114
Puerperal Pyrexia	...	...	...	3
Scarlet Fever	...	...	...	182
Whooping Cough	...	...	...	201
				1045

It will be noted that notifications of measles form over 46 % and that the group comprised of Measles, Whooping Cough, Scarlet Fever and Pneumonia, forms 94 % of the total notifications.

CEREBRO-SPINAL FEVER—There was one death among the 4 cases notified and it was in respect of a child aged under twelve months.

WHOOPING COUGH—Of the 201 cases of whooping cough, two died—one a child aged under 12 months and the other a child in the 5-15 year group.

DIPHThERIA—Of the 8 cases notified, one, a child in the 5-15 year group, died. There were no deaths among the cases of Measles, Scarlet Fever and Poliomyelitis.

FOOD POISONING—Fifteen cases of Food Poisoning were notified from the area of one County District. These occurred during a single outbreak and investigation showed the responsible agent to be the infection of meat pies by organisms of salmonella typhimurium.

TUBERCULOSIS—Reference has been made earlier in this Report to the number of deaths in the County, particularly in the Overton Rural District. Statistics showing the number of notifications are as follows:—

(a) Ascertained by formal primary notifications:—					
Respiratory —Males 82, Females 65	...	...	...	Total	147
Non-Respiratory —Males 7, Females 5	...	...	...	Total	12
(b) Ascertained otherwise than by formal notification:—					
Respiratory —Males 9, Females 2	...	...	...	Total	11
Non-Respiratory —Males 1, Females Nil	...	...	...	Total	1
Total notifications (a) and (b) ...					171

The following table shows the total deaths from tuberculosis, distinguishing between males and females, and respiratory and non-respiratory tuberculosis.

Table 13 (a).

DEATHS FROM TUBERCULOSIS, 1949.

	Males.	Females.	Total.
Respiratory Tuberculosis	68	26	94
Non-respiratory Tuberculosis	8	1	9
All Forms	76	27	103

The statistics given above are extracted from the Registrar-General's Returns for the year 1949, but in view of what has been stated under table 4 earlier in this Report, with regard to deaths of Poles in the Polish Hospitals in the Overton Rural District, these figures need adjustment. A more true picture of the mortality from Tuberculosis in the County of Flint would then be revealed as follows:—

Table 13 (b).

DEATHS FROM TUBERCULOSIS, 1949.

		Males.		Females.		Total.
Respiratory Tuberculosis	...	33	...	21	...	54
Non-Respiratory Tuberculosis	...	2	...	1	...	3
		—		—		—
All Forms	...	35		22		57
		—		—		—

The ages at which the deaths referred to in Table 13 (a) occurred are as follows:—

Table 14.

AGES OF DEATHS FROM TUBERCULOSIS, 1949.

Age Group.	Respiratory.		Non-Resirpatory.		All Forms.		Total.				
	M.	F.	M.	F.	M.	F.					
0—	...	1	—	...	1	—	...	2	—	...	2
1—	...	—	—	...	—	—	...	—	—	...	—
5—	...	—	1	...	—	—	...	—	1	...	1
15—	...	33	17	...	6	1	...	39	18	...	57
45—	...	29	6	...	1	—	...	30	6	...	36
65—	...	5	2	...	—	—	...	5	2	...	7
Totals	...	68	26		8	1		76	27		103

The crude mortality rate from Tuberculosis (all forms) in the County of Flint had declined very considerably from the beginning of the present century up to 1946, but since that year there has been a very definite upward trend, as will be seen from the following table. The reason for this upward trend is undoubtedly the number of deaths in the Polish Hospitals in the Overton Rural District.

	Year.	Population.	Mortality Rate per 1000 population
Census Years :—			
	1911	92705	1.45
	1921	106617	0.97
	1931	112889	0.84
5 Year Period :—			
	1935	116000	0.68
	1936	117770	0.55
	1937	119540	0.58
	1938	121020	0.65
	1939	121900	0.46
5 Year Period :—			
	1945	125670	0.56
	1946	131870	0.45
	1947	134480	0.62
	1948	138308	0.61
	1949	140300	0.73

The figures for the 5 year period (1940-1944) are not included as they are not considered comparable, in view of the large influx of evacuees into the County during that period.

The question that naturally arises is as to whether the incidence of Tuberculosis is also declining. There is only a very small difference between the number of formal notifications received (expressed as rates per 1000 population) in the five year period 1935-1939, and the five year period 1945-1949.

Five year period 1935-1939.				Five year period 1945-1949.		
1935	...	1.03	...	1945	...	1.38
1936	...	1.13	...	1946	...	1.57
1937	...	1.4	...	1947	...	1.21
1938	...	1.15	...	1948	...	1.36
1939	...	1.28	...	1949	...	1.13

Unfortunately, conditions at the present time must lead one to anticipate an increased incidence of the disease. Shortage of nursing staff has closed many beds in sanatoria, resulting in the lengthening of the waiting list for admission, and the discharge of chronic cases for whom little further can be done. Although much time is spent by the Tuberculosis Visitors in instructing and advising patients in all methods of precaution, there is a tendency, after a time, for that advice to be ignored, and it is no uncommon occurrence for the visitor to find the children playing in the room of a patient confined to bed. This aspect of the problem is further accentuated by the lack of proper housing accommodation. The Housing Committees of the County District Councils have all given special considera-

tion to applicants who suffer from Tuberculosis, but here again a vicious circle may be set up, as in order to pay the present high rents, patients often deprive themselves of things essential to their recovery. It is hoped, however, that by the development of B.C.G. vaccination, and the Mass Radiography Service, and by closer co-operation between the Chest Physician and the Officers of the Local Health Authority, any tendency towards an increase in the incidence of the disease may be combated. All efforts in the preventive field, however, will be of little avail without the very active co-operation of the patient and his or her family.

VENEREAL DISEASE—The number of cases treated at the Centres at Chester, Liverpool and Wrexham during the year was:—

Syphilis	...	...	...	27
Gonorrhoea	...	...	...	30
Other conditions	...	...	...	92

Section D.

NATIONAL ASSISTANCE ACT, 1948.

Section 21 of this Act empowered the County Council to provide residential accommodation for persons who by reason of age, infirmity or any other condition were in need of care and attention which was not otherwise available to them.

Section 29 of the Act empowered the County Council to provide welfare services for the blind, the deaf, the dumb, etc.

In view of the impossibility of drawing any line of demarcation between the Council's powers under Section 29 of this Act, and their powers with regard to "care and after-care" under the National Health Service Act, it was decided, with the approval of the Minister of Health, to delegate the powers under this Act to the Health Committee.

SECTION 21—A Sub-Committee was set up to deal with "residential accommodation" and the following accommodation has been provided:—

Cartrefle Hospital, St. Asaph—Males 31, Females 22, Total 53.

Lluesty Hospital, Holywell—Males 22, Females 22, Total 44.

Park House, Prestatyn—Males Nil, Females 20, Total 20.

Men's Convalescent Home, Rhyl—Males 12, Females Nil, Total 12.

The accommodation at Park House, Prestatyn, and at Rhyl has been fully taken up during the year, but staffing and other difficulties have prevented full use being made of the accommodation at Cartrefle and Lluesty Hospitals.

SECTION 29—The Minister of Health directed that the welfare of the blind should be a statutory duty of the Authority. The responsibility for making “monetary” allowances to unemployable blind persons passed from the County Council to the Assistance Board, but the Council remained responsible for the augmentation of the earnings of employable blind persons.

It was decided to continue the welfare arrangements which had for many years been carried out through two voluntary agencies—the Chester and District Blind Welfare Society, and the North Wales Society for the Blind. The number of blind persons supervised by these two organisations at 31st December, 1949, was :—

North Wales Society for the Blind	...	...	...	75
Chester and District Blind Welfare Society	...	...	...	188
				263

The Chester and District Blind Welfare Society have workshops at Chester at which eight blind persons from Flintshire are employed. Four persons trained at Chester are employed as Home Workers, while five other blind persons are employed by industrial firms in the County.

Welfare services for the deaf and dumb are provided through the Chester and North Wales Deaf and Dumb Society.

Section E.

FOOD AND DRUGS ACT, 1938, ETC.

The statutory duties of the Authority under the above Act and other legislation such as the Fertilisers and Feeding Stuffs Acts, the Pharmacy and Poisons Act, etc., have been most ably performed by Mr. E. Lewis, M.R.S.I., M.S.I.A., the County Sanitary Inspector, and I append his report on the work carried out during the year. I must also acknowledge most gratefully the able assistance and guidance given by the Deputy Clerk, Mr. Haydn Rees, in all cases where proceedings have been initiated.

Legislation dealing with the control of the preparation and sale of foodstuffs has increased considerably since the Food and Drugs Act, 1938, came into operation on the 1st October, 1939. A notable addition in 1949 was the Milk (Special Designations) (Pasteurised and Sterilised) Regulations which transferred the duties of inspection and licensing of milk pasteurising and sterilising plants from the District Councils to the County Council as the Food and Drugs authority.

The main object of all Food and Drugs legislation is the safeguarding of the Public Health and the protection of the Public against fraud. A glance at the list of the prosecutions will serve to emphasise the fact that there is a need for this legislation and for constant vigilance in its administration.

The District Councils are responsible for the hygienic conditions of premises where food is prepared, stored or exposed for sale and reference to their Annual Reports shows that much work is done in this direction.

The adulteration of food and drugs is discovered by taking samples and submitting them to the Public Analyst. These samples are taken at all places where food is prepared, stored or exposed for sale, e.g., shops, school canteens, bakehouses, mobile canteens, restaurant kitchens, cooked meat and pie shops, public houses, etc., etc.

The number of samples to be taken annually is usually based on the population of the area, and the Ministry of Health has suggested that approximately 3 samples per 1,000 population should be taken each year. A slightly higher figure is taken in this County having regard to the seasonal influx of holiday makers.

A total of 597 samples of foods and drugs were submitted to the Public Analyst for chemical analysis during the year ending December 31st, 1949. 62 samples of milk and 13 samples of other foods were found to be adulterated or below standard.

Article.			Number taken.		Genuine.		Not Genuine.
Milk	...	...	297	...	235	...	62
Butter	...	...	7	...	7	...	—
Cream Cheese	...	...	2	...	—	...	2
Ice Cream	...	...	49	...	49	...	—
Condensed Milk	...	...	2	...	2	...	—
Malt and Milk Mixture	...	...	1	...	1	...	—
Malted Milk	...	...	1	...	1	...	—
Lolly Ices	...	...	2	...	2	...	—
Sausages	...	...	47	...	45	...	2
Sausage Meat	...	...	2	...	2	...	—
Meat Pies	...	...	2	...	2	...	—
Meat Rissoles	...	...	2	...	2	...	—
Pressed Pork	...	...	4	...	3	...	1
Pressed Meat	...	...	2	...	2	...	—
Pressed Cows Udder	...	...	1	...	—	...	1
Tripe	...	...	2	...	2	...	—
Beef Suet	...	...	2	...	2	...	—
Meat Colouring	...	...	1	...	1	...	—

Article.	Number		Genuine.	Not Genuine
	taken.			
Fish Paste	...	1	1	—
Sardines	...	1	1	—
Tinned Clams	...	1	1	—
Fish Cakes	...	3	3	—
Tinned Whiting	...	1	1	—
Fish Dressing	...	1	1	—
Fillets of Anchovy	...	1	1	—
Vegetable Links	...	1	1	—
Compound Cooking Fats	...	1	1	—
Lard	...	2	2	—
Gin	...	5	5	—
Whisky	...	8	8	—
Ginger Cordial	...	1	1	—
Black Currant Cordial	...	1	1	—
Peppermint Cordial	...	1	1	—
Vinegar Tonic Wine	...	1	1	—
Lemon Drink	...	1	1	—
Tonergetic Wine	...	1	1	—
White Wine	...	1	1	—
Sherry	...	1	1	—
Tomato Cocktail	...	1	1	—
Lemonade Powder	...	1	1	—
Orange Juice	...	1	1	—
Liquid Coffee Extract	...	1	1	—
Tea	...	1	1	—
Lysol B.P.	...	1	1	—
Fullers Earth	...	1	1	—
Blands Pills	...	1	1	—
Eucalyptus Oil	...	1	1	—
Camphorated Oil	...	1	1	—
Medicinal Paraffin	...	1	1	—
Compound tinct of Rhubarb	...	1	1	—
Gee's Linctus	...	1	1	—
Vitagrains Salts	...	1	1	—
Callamine Lotion	...	3	1	2
Aspirins	...	1	1	—
Essence of Rennet	...	1	1	—
Neatsfoot Oil	...	1	1	—
Fat Concentrate	...	1	1	—
Sweetmeat Compound	...	1	1	—
Teaseed Oil	...	2	2	—
Apricot Kernel Oil	...	1	1	—
Blended Cooking Oil	...	1	1	—
Cream of Tarter	...	1	1	—

Article.	Number taken.		Genuine.		Not Genuine.	
Tartaric Acid	...	1	...	1	...	—
Borax	...	1	...	1	...	—
Bicarb. of Soda	...	1	...	1	...	—
Throat Pastilles	...	1	...	1	...	—
York Pudding	...	1	...	1	...	—
Gelatine	...	1	...	1	...	—
Rice	...	1	...	1	...	—
Swiss Roll	...	1	...	1	...	—
Pastry Mixture	...	1	...	1	...	—
Christmas Cake	...	1	...	1	...	—
Mince Meat	...	1	...	1	...	—
Semolina	...	3	...	3	...	—
Sweet Chocolate Powder	...	1	...	1	...	—
Cornflour	...	1	...	1	...	—
Golden Raising Flour	...	1	...	1	...	—
Arrowroot	...	1	...	1	...	—
Oatmeal Biscuits	...	1	...	1	...	—
Artificial Cream	...	1	...	1	...	—
Table Dessert	...	2	...	2	...	—
Ground Almonds	...	1	...	1	...	—
Tapioca	...	1	...	—	...	1
Vermicelli	...	1	...	1	...	—
Self Raising Flour	...	2	...	2	...	—
Sponge Fingers	...	1	...	1	...	—
Lemon and Orange Peel	...	2	...	2	...	—
Glycerine	...	1	...	1	...	—
Hydrogen Peroxide	...	1	...	1	...	—
Senna Pods	...	1	...	1	...	—
Calves Foot Jelly	...	1	...	1	...	—
Parrish's Chemical Food	...	1	...	1	...	—
Potato Crisps	...	1	...	1	...	—
Soya Flour	...	1	...	1	...	—
Sponge Pudding	...	1	...	1	...	—
Doughnuts	...	3	...	3	...	—
Flour	...	1	...	1	...	—
Cakes	...	3	...	3	...	—
Milk Dessert Pudding	...	1	...	1	...	—
Ginger Sponge Mixture	...	1	...	1	...	—
Glaze Cherries	...	1	...	1	...	—
Cake Flour	...	1	...	1	...	—
Spaghetti	...	1	...	1	...	—
Guava Jelly	...	1	...	1	...	—
Jelly Crystals	...	1	...	1	...	—
Sherbet	...	1	...	—	...	1

Article.	Number taken.		Genuine.		Not Genuine.	
Currant Sugar	...	1	...	1	...	—
Honey	...	1	...	1	...	—
Butter Creams	...	1	...	1	...	—
Jam	...	3	...	3	...	—
Treacle	...	1	...	1	...	—
Salad Cream	...	3	...	3	...	—
Pop Corn	...	1	...	1	...	—
Chocolate Pops	...	2	...	2	...	—
Candy Floss	...	1	...	1	...	—
Aniseed Rolls	...	2	...	—	...	2
Sweets	...	1	...	1	...	—
Vitamin Fruit Rings	...	1	...	1	...	—
Oatmeal Flour	...	1	...	1	...	—
Jam Roll	...	2	...	2	...	—
Custard Powder	...	4	...	4	...	—
Crumplets	...	1	...	1	...	—
Jam Tarts	...	3	...	3	...	—
Barley Flour	...	3	...	2	...	1
Trifle	...	1	...	1	...	—
Ground Cloves	...	1	...	1	...	—
Gravy Salt	...	1	...	1	...	—
Mixed Herbs	...	1	...	1	...	—
Ground Nuts	...	1	...	1	...	—
Onion Powder	...	1	...	1	...	—
Ginger	...	3	...	3	...	—
Curry Powder	...	1	...	1	...	—
Fruit Fizzers	...	1	...	1	...	—
Sliced Rhubarb	...	1	...	1	...	—
Red Cabbage	...	1	...	1	...	—
Tomato Sauce	...	1	...	1	...	—
Malt Vinegar	...	5	...	5	...	—
Mint	...	1	...	1	...	—
Pepper	...	4	...	4	...	—
Carraway Seeds	...	1	...	1	...	—
TOTAL		597		522		75

In the table below the total number of foods and drugs analysed is compared with the numbers taken during the past four years :—

ALL FOODS.

Year.	No. taken.		Adulterated or below standard.		Percentage.	
1945	...	379	...	65	...	17.1
1946	...	391	...	53	...	13.5
1947	...	392	...	68	...	17.3
1948	...	483	...	74	...	15.3
1949	...	597	...	75	...	12.5

This year's figures show a decrease in the number of samples found adulterated.

MILK—This foodstuff accounted for the greatest number of samples taken, namely 297. They were taken from roundsmen, dairies, farms, schools and restaurants. The milk was tested for added water, fat deficiency, solids not fat content, added colouring matter, and preservative. 62 samples were found adulterated or below standard. In the table below this figure is compared with the figures for the past 4 years.

Year.	No. taken.		Adulterated or below standard.	Percentage of adulteration.	Nature of irregularity.					
					Low in fat content.	Low in S.N.F. content.	Added Water.			
1945	...	280	...	54	...	19.2	...	26	25	1
1946	...	285	...	46	...	16.1	...	19	19	8
1947	...	296	...	64	...	21.6	...	27	27	10
1948	...	347	...	69	...	19.8	...	33	26	10
1949	...	297	...	62	...	20.8	...	33	23	6

6 samples were found to contain added water, and legal proceedings were instituted in 5 cases. A warning letter was sent in the sixth case, the details of which are as follows. A cafe proprietor sold a glass of hot milk, rich in fat but containing a slight percentage of added water. The milk had been heated by a steam injector. The presence of the water was due to the condensation of the steam.

When the Milk (Special Designations) (Pasteurised and Sterilised) Milk Regulations came into force in October, 1949, they transferred the duties of inspection and licensing of milk pasteurising and sterilising plants from the District Councils to the County Council. There are four plants in the County, three plants operating on the High Temperature Short Time method, and the fourth on the Holder system. The plants are inspected at frequent intervals and samples of milk taken for the Phosphatase and Methylene Blue tests. These samples are submitted to the Public Health Laboratory, Conway.

SCHOOL MILK SUPPLIES—All milk supplied under the Children's School Milk Scheme is pasteurised. Frequent samples were taken for fat content and keeping quality and all were found to be genuine.

BIOLOGICAL MILK SAMPLING—All milk samples taken for the presence of the Tubercle Bacillus were found free.

The following information has been given by J. Smith, Esq., B.Sc., M.R.C.V.S., the Divisional Veterinary Officer for the Ministry of Agriculture and Fisheries.

		Attested.	Not Attested.	Total.
T.T. or Certified Herds	...	110	...	61
Accredited Herds	...	3	...	592
Not Designated Herds	...	13	...	932
TOTAL		126	1585	1711

T.T. Herds not attested :—

Number of cattle	...	...	...	1195
Number of Herd Tests	...	...	...	41
Number of Cattle Tested	...	...	...	2073
Number of Reactors	...	...	...	42
Total cattle population for the County	...	...	...	62,569
Total number of cows	...	...	...	21,175

Number of cows dealt with by the Tuberculosis Order—99.

ICE CREAM—The District Councils Sanitary Inspectors are responsible for the control of the manufacture of ice cream and for its hygienic quality. There are no chemical standards and in the 49 samples taken for analysis no deleterious ingredients were found and all samples were reported as genuine.

Where the Ministry of Food allocates an extra allowance of sugar and fat, the manufacturer is expected to produce an ice cream with a minimum fat content of 2.5 %.

OTHER FOODS—A reference to the table will show the wide variety of foodstuffs taken. It is interesting to note that all sausage samples, with the exception of two, had a good meat content. It is not known whether this was due to a better meat supply or to the salutary effect of the publicity given to last year's successful convictions.

2 samples of non-rationed sweets sold as aniseed rolls were found to contain 56 % of chalk. Successful proceedings were instituted against the manufacturers.

A sample, of cooked meat sold as Pressed Pork was found on analysis to be made up of minced pigs stomachs. Successful proceedings were instituted against the vendor.

A sample of imported cream cheese was sold at 5/- a lb. There is no standard laid down for the quality of fat in such a cheese. The Public Analyst calculated that there should be at least 35 % fat and that the sample was 26 % deficient in fat. It transpired that the imported cream cheese was an Italian cheese imported and sold only through the usual channels of the Ministry of Food. The summons was withdrawn upon the representation of the Ministry of Food, and on their undertaking that there would be a full investigation. The Ministry of Food paid the Analyst fees and the cost of the summons.

A sample of Calamine Lotion was found on analysis to be made up to a 1943 formula which had been withdrawn. A warning letter was sent to the Chemists involved. The Welsh Board of Health and the National Health Service Executive Council were also notified of the practise of dispensing to war-time formula.

SUMMARY OF LEGAL PROCEEDINGS.

Article.	Adulteration or Deficiency.	Result.	Fines.			Costs.			Total.		
			£	s.	d.	£	s.	d.	£	s.	d.
Milk	8 % added water	Convicted	6	0	0	6	6	0	12	6	0
Milk	22 % added water	do.	10	0	0	5	5	0	15	5	0
Milk	11 % added water	Dismissed on payment of costs	—	—	—	6	10	0	6	10	0
Aniseed Rolls	Sweets contained 56 % of chalk	Convicted	20	0	0	6	10	0	26	10	0
Milk	30 % deficient in fat	do.	1	0	0	5	5	0	6	5	0
Milk	14 % added water	do.	5	0	0	7	7	0	12	7	0
Milk	20 % added water	do.	5	0	0	5	5	0	10	5	0
Pressed Pork	Minced pigs stomach sold as Pressed Pork	do.	20	0	0	8	8	0	28	8	0
TOTALS ...			£67	0	0	50	6	0	117	6	0

FERTILISERS AND FEEDING STUFFS ACT, 1926—28 samples were taken during the year and all were satisfactory.

PHARMACY AND POISONS ACT, 1933,
and
PHARMACY AND MEDICINES ACT, 1941.

The duties devolving upon the County Council under the 1933 Act are:—The names of all shopkeepers, other than registered pharmacists, who sell Part II poisons are to be entered on the Council's list.

To see that any deputy appointed under Rule 14 is a responsible person, and that the substances which contain Part II poisons and appear in the First Schedule to the Poisons Rules are being sold by the listed seller or by a responsible deputy.

That a poisons book is kept in the prescribed form and manner and that all entries therein are in order.

That the storage arrangements for certain poisons are adequate, and that the requirements as to labelling and type of containers are complied with.

At the end of the year there were 277 sellers on the Register.

Section F.

SANITARY CIRCUMSTANCES.

The supervision of closet accommodation, provision for refuse collection and disposal, cesspool cleaning, the sanitary inspection of their respective areas, the inspection and supervision of shops, offices and camping sites, the abatement of nuisances, including any arising from smoke, the supervision of swimming baths and pools, disinfection and disinfestation—all these are included in the duties which devolve primarily upon Local Sanitary Authorities and upon which the respective District Medical Officers of Health are required to report annually and, when necessary, specifically.

Samples of water are forwarded for bacteriological analysis to the Public Health Laboratory at Conway by all the county district councils at frequent intervals. Generally speaking, the samples from piped supplies have been satisfactory, although the many samples of water from wells in the County have much to be desired.

There is nothing of special interest to report with regard to river pollution.

All Schools in the County are inspected for sanitary defects at each routine medical inspection, and all defects found are reported to the Local Education Authority.

Section G.

HOUSING.

All the County District Councils have made such progress with their housing schemes as has been possible, having regard to the shortages of materials, man-power, etc. All have given special consideration to the re-housing of families which have, for various reasons, been reported to them by the County Health Department as being in need of re-housing, and more particularly to those families in which there are persons suffering from Tuberculosis.